

Incident # _____
(For Office Use)

Maine Public Utilities Commission
Underground Facility Incident Report

Date of Report: _____

Report Submitted by: ☐ Excavator; ☐ Facility Operator; ☐ Other Party

Date of Incident	_____	Time of Incident	_____ AM / PM
Date Facility Operator Notified	_____	Time Facility Operator Notified	_____ AM / PM
Date Made Safe	_____	Time Made Safe	_____ AM / PM
Dig Safe Notified	____ Yes ____ No	Service Fully Restored	_____ AM / PM
Dig Safe Ticket #	_____	GPS Coordinates	_____ Long. _____ Lat.
Incident Location	_____ Street Town Tie Descriptions		
Type of Facility	____ Telephone ____ Electric ____ Gas ____ CATV ____ Water ____ Sewer ____ Other (____)		
Damage To	____ Service line ____ Distribution line ____ Transmission line ____ Other ____ No damage		
Photos held by	____ Excavator ____ Operator ____ Other Party	Excavator Billed for Damage	____ Yes ____ No
Property Ownership	____ Public Right of Way ____ Easement ____ Private		
Property Owner/Address	_____ Owner Street Town		
Describe Facility (Type, Size, Material, Pressure, etc.) _____			
Describe the Activity causing damage or safety concern, citing any lack of precaution (if applicable) _____			
Describe Damage (if applicable) _____			
Number of Injuries	_____	Number of Fatalities	_____ Estimate of Property Damage \$ _____

Excavator Data

Excavation Company _____
Address _____
Street _____
Town Zip _____
Telephone (____) _____
Name of Supervisor _____
Equipment Operator _____
Equipment Description _____

Facility Operator Data

Facility Operator (Utility) _____
Address _____
Street _____
Town Zip _____
Telephone (____) _____
Number of Outages _____
Evacuations _____

Probable Cause:

- ☐ Excavator failed to notify Dig Safe
- ☐ Excavator failed to notify Nonmember operator
- ☐ Excavator failed to premark
- ☐ Excavator failed to maintain markings
- ☐ Excavator failed to notify of damage to operator
- ☐ Excavator failed to observe 18-in. safety zone
- ☐ Excavator was reckless and/or negligent

- ☐ Operator failed to mark in a timely manner
- ☐ Operator failed to re-mark in a timely manner
- ☐ Operator's markings were Incorrect due to:
____ locator error ____ incorrect record ____ no record
- ☐ Designer failed to provide location on plans
- ☐ Other

Comments _____

I declare that to the best of my knowledge and belief, the information I provided is true, correct, and complete.

Report Prepared By _____
Print Name

For _____
Company

Signature _____

Telephone (____) _____

**Submit to: Damage Prevention Administrator, Maine Public Utilities Commission, 18 State House Station,
Augusta, ME 04333 or fax to (207) 287-1039**